

Special VA Health Care Eligibility for Combat Veterans

WASHINGTON, D.C. – Effective immediately, the Department of Veterans Affairs (VA) has implemented policies and procedures for providing free health care services and nursing home care to combat veterans for a period of two years beginning on the date of separation from active military service.

What's covered?

This benefit covers all illnesses and injuries except those clearly unrelated to military service; for example, a common cold, injuries from accidents that occurred after discharge, and disorders that existed before joining the military. Care may not be provided for any disability found to have resulted from a cause other than the military service in combat operations.

Combat veterans seeking treatment for health conditions claimed to be related to combat operations are evaluated clinically by means of a physical examination and appropriate diagnostic studies. In making this determination, the physician must consider that the following types of conditions are not ordinarily considered to be due to occupational or military service: (1) Congenital or developmental conditions, for example, scoliosis, (2) Conditions which are known to have existed before military service, and (3) Conditions have a specific and well-established cause and that began after military combat service. Coverage extends for a two-year period following separation from active military service.

Dental services are not included.

Who's eligible?

Veterans are eligible if they served on active duty in a theater of combat operations during a period of war after the Gulf War or in combat against a hostile force during a period of "hostilities" after November 11, 1998 and have been discharged under other than dishonorable conditions.

National Guard and Reserve members are also eligible for VA health care if they were ordered to active duty by a federal declaration, served the full period for which they were called or ordered to active duty, and have separated from active military service under other than dishonorable conditions.

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Approximately 730,000 strokes occur in the U.S. each year and about a fourth of those are fatal . . .

Physicians at Houston VA Offer New Procedure to Prevent Strokes

HOUSTON, TX - Doctors at the Houston VA Medical Center (HVAMC) are now performing a new procedure to prevent strokes. This technique involves the application of balloon angioplasty and stenting of the neck artery, also known as the carotid artery. The carotid artery provides the majority of the blood flow to the brain.

This new treatment applies the same type of techniques that cardiologists use when they place a stent in the coronary arteries to improve blood flow to the heart.

In this new treatment, a small catheter is placed in the groin area and a small wire is used to thread through the carotid artery. Next, a balloon is placed over the wire, and the balloon is then inflated to open the blocked neck artery. The fatty blockage within the carotid artery is pushed out of the way as the balloon inflates. The carotid artery is kept open by the placement of a stent, which will permanently push the fatty plaques away from the lumen of the artery; thereby, restoring the blood flow to the brain.

It is estimated that approximately 80 percent of strokes are due to blockage of the carotid artery. This new treatment is particularly useful in patients who are



Dr. Peter Lin, chief of the HVAMC vascular surgery service, along with two other HVAMC vascular physicians, Dr. Alan Lumsden and Dr. Ruth Bush, have collectively performed more than 70 carotid stenting procedures in the past two years. Above, Lin (right) and Bush (left) check up on veteran Edward Addis, who had the procedure performed earlier that morning.

at high risk for undergoing the conventional operation, called carotid endarterectomy. Carotid endarterectomy is where doctors make a 6-inch incision

in the neck and carve out the blocked artery to restore blood flow to the brain.

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This year's event theme is "Enduring Freedom" . . .

Memorial Day Service to Be Held at Houston National Cemetery

HOUSTON, TX - A special Memorial Day service will be held on Monday, May 26, 2003 beginning at 9:30 a.m. at the Houston National Cemetery, located at 10410 Veterans Memorial Drive.

This year, the event's theme is "Enduring Freedom." With current world events in mind and the important role members of the National Guard and Reserves have played in the defense of our country, the Department of Veterans Affairs is pleased to announce that Commander Chief Master SGT Rita Goudeau from the 147th Fighter Base Wing, Air National Guard at Ellington Field will be the keynote speaker.

In addition to Goudeau's compelling remarks, the event will feature a parade of colors and wreaths by numerous local veterans' organizations, ROTC units, and boy and girl scout troops. All Boy and Girl Scout organizations in southeast Texas are invited on Sunday, May 25, 2003 to assist

with the parade of colors set-up.

Alan Hemberger of Houston's KHWB-TV, Channel 39 will serve as master of ceremonies. Hemberger served in the U.S. Army, 199th Light Infantry Brigade.

There will also be many symbolic highlights including a flyover by the Texas Air National Guard, 147th Fighter Wing; a static display of an AH-64 Apache helicopter by the Texas Army National Guard, 1st Battalion, 149th Aviation Regiment; a pair of buglers playing echo taps; a performance by the Lone Star Symphonic Band; a display of historical military vehicles by the Military Museum of Texas; and a combined rifle salute by the Veterans of Foreign Wars District #4 Ceremonial Detail and the 13th U.S. Company A Infantry, Union Civil War.

The event, honoring deceased United States servicemen and women, is free and open to the public. Call (281) 447-8686, extension 200 for more information. ■

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Special Note:
Flag Day Program
Houston VA Medical Center
4th Floor Auditorium
Tuesday, June 10, 2003
10 a.m.

About 50 percent of all people who live to age 65 years will develop at least one form of skin cancer . . .

Skin Cancer: Learn the Facts So You Don't Get Burned this Summer

HOUSTON, TX - Skin cancer is the most common type of cancer occurring in the United States. It is also the most rapidly increasing cancer.

For the past thirty years, skin cancers have been increasing in incidence by about three percent each year. One person out of every five people in the U.S. will develop skin cancer sometime during his or her life. It is estimated that about 50 percent of all people who live to age 65 years will develop at least one form of skin cancer.

The good news is that skin cancer can be prevented, or if caught early, is highly curable. In fact, if detected early, skin cancer is almost 100 percent curable.

Skin cancer can be divided into two major types: nonmelanoma and melanoma skin cancer. Malignant melanoma (MM) is the more deadly of the two.

The American Cancer Society estimates that there will be more than one million people diagnosed with non-melanoma skin cancers in the year 2003. Approximately 54,200 people will be diagnosed with malignant melanoma.

Even though malignant melanoma is diagnosed far less often, MM skin cancers will take more lives than any other type of skin cancer, causing about 7,600 deaths per

year. That represents about one malignant melanoma death every hour. Malignant melanoma is responsible for 80 percent of all skin cancer deaths.

The primary cause of all types of skin cancer is exposure to ultraviolet radiation (UV) - the sun. It is easy to get a sunburn in Texas because of the state's geographic location, mild climate, and the many opportunities to work and play out of doors. Reflections of the sun's rays off water, sand, or snow can double your ultraviolet radiation exposure.

Clouds don't block out UV rays. When the weather is cloudy, cool, and breezy, we may not become hot or realize the amount of UV exposure until after we have developed a sunburn.

Studies suggest that heavy sunlight exposure in the first few decades of life may be of the greatest importance in determining a person's risk for skin cancer. A blistering sunburn in childhood or adolescence doubles the risk of developing a skin cancer. It is estimated that by the time someone reaches the age of 18 they have already obtained 80 percent of their lifetime UV light exposure.

Besides avoiding the sun, early diagnosis and treatment are the next best

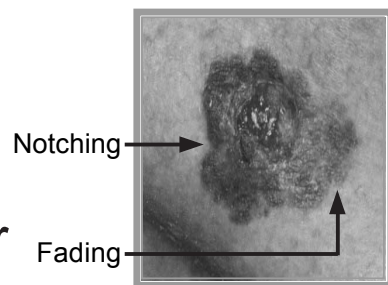
ABCDs of Moles

A Asymmetry

B Border

C Color

D Diameter



prevention option. Make it a habit to check your skin for abnormalities and changes. Look at each of your moles and evaluate them using the following test:

A is Asymmetry. When the lesion is divided into halves, if the right half does NOT look like the left half, it is asymmetrical in shape.

B stands for Border. Moles that have irregular or poorly defined borders should be reported. The borders appear notched or seem to fade or "stream out" onto the surrounding skin.

C stands for Color. Is the color of the mole varied? Does the mole have tan, brown, black, blue, red, or white areas?

D refers to Diameter. Is the mole larger than six millimeters in diameter (the size of a pencil eraser)?

Although six mm is used as a general guideline for evaluating growth of a mole, any mole that is asymmetrical, has an irregular border, has color variations, and is changing should be evaluated by your VA

health care provider - even if it is less than six millimeters in diameter. A positive finding of any of the ABCDs may indicate the mole is a malignant melanoma.

MM can develop anywhere on your skin, so wear appropriate protective attire including long sleeves and hats, avoid working in the sun if possible, use sunscreens, and do regular self-examinations. Protect your eyes from the harmful ultraviolet rays by using gray or brown lenses that offer both UVA and UVB protection.

A cancer-related checkup including skin exam is recommended every three years for persons between the age of 20 to 45 years, and every year age 40 and older.

Take charge of your skin. Get regular checkups and take precautions when you are out in the sun. Remember to "Slip, Slop, and Slop." *Slip* on a long sleeve shirt, *Slop* on a hat, and *Slop* on some sunscreen to protect your skin from the sun's damaging rays! ■ *Pam Wilton, PhD, RN, FNP-C, Associate Chief of Nursing Research*

A Word from the Director . . .

Pursuing Nursing Magnet Status

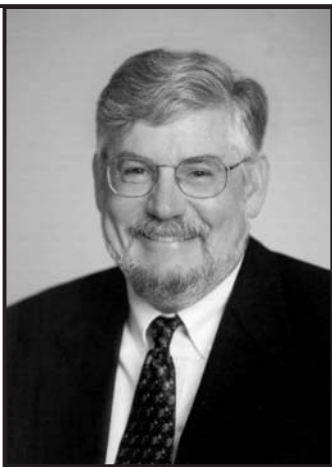
HOUSTON, TX - Top-notch nursing has always been a central pillar of the Houston VA Medical Center's (HVAMC) success. This past February, HVAMC applied for "Magnet" Status - the highest nursing service award available in the world.

Awarded by the American Nursing Credentialing Center in Washington, D.C., Magnet status originated in the early 1980s following a study that revealed 14 characteristics of hospitals that successfully attracted and retained nurses. Successful nursing services became known as "Magnet" hospitals because they act like magnets attracting highly skilled nurses.

Only elite hospitals hold Magnet designation. Those hospitals are recognized as providing outstanding nursing care, nursing management, and nursing administration. As of today, there is only one VA medical center in the nation, the Tampa VAMC, which has achieved this recognition.

Achieving this award will help the HVAMC continue to provide the best, most consistent nursing care — even as this country moves toward a national nursing shortage.

The American Nursing Association predicts that by the year 2020 the number of registered nurses per capita in the United States will fall 20 percent short of the population's needs. Fewer



Edgar L. Tucker, Medical Center Director

people than ever are entering the nursing profession, and many older nurses are planning to retire. Magnet hospitals attract and retain highly skilled nurses, so having this status will ensure that nursing care at the HVAMC remains top-notch as the institution continues to grow.

Achieving Nurse Magnet Status is also important to the HVAMC because it will confirm our belief that our nurses provide the highest quality of care possible to our veterans, and play a key role in planning and decision-making.

Much work has already been done towards this goal, and we look forward to a survey team visit next year to examine our nursing practices, philosophies, and standards. We are certain the outcome will validate what we already know about our nurses - they are the best. ■



Sunscreen: How To Select, Apply, and Use It Correctly

When To Apply Sunscreen

- ✓ Apply sunscreen approximately 30 minutes before being in the sun so that it can be absorbed and less likely to wash off if you perspire.
- ✓ Remember to reapply sunscreen after swimming or strenuous exercise.
- ✓ Apply sunscreen often if you work outdoors.

How To Apply Sunscreen

- ✓ Shake well before use to mix particles.
- ✓ Be sure to apply enough. Use an ounce (a handful) to cover your entire body.
- ✓ Use on all parts of your skin exposed to the sun including your ears, back, shoulders, and the back of the knees and legs.
- ✓ Apply thickly and thoroughly.
- ✓ Be careful when applying sunscreen around the eyes.

What To Look for When You Buy Sunscreen

- ✓ Pick a sunscreen that protects against UVA and UVB rays and has a sun protection factor (SPF) of at least 15.
- ✓ Look for a waterproof brand if you will be sweating or swimming. Buy a non-stinging product or one specifically formulated for your face.
- ✓ Try a sunscreen with different chemicals if your skin reacts badly to the one that you are using. Not all sunscreens have the same ingredients.
- ✓ Be aware that more expensive does not mean better.
- ✓ Be aware of the expiration date because some sunscreen ingredients might degrade over time.

From the Centers for Disease Control and Jeff Triebel, HVAMC Safety Manager

Strokes

(continued from page 1)

"The advantage of this procedure is that it is done without any incision in the neck. The patient remains aware during the entire procedure, and typically, the patient is discharged home the following morning. Because there is no neck incision, the recovery time is extremely short, and most patients can return to normal daily activity within 2 to 3 days," said Dr. Peter Lin, chief of HVAMC vascular surgery service.

Lin, along with two other HVAMC vascular physicians, Dr. Alan Lumsden and Dr. Ruth Bush, have collectively performed more than 70 of these procedures in the past two years.

"Our experience shows that the success of this procedure is similar to that of carotid endarterectomy operation. Moreover, the patients experienced significantly less discomfort or stress in this new procedure because of the rapid recovery time and the avoidance of the neck incision," said Lumsden.

Approximately 730,000 strokes occur in the United States each year and about a fourth of those are fatal. Stroke is like a heart attack in the brain, typically caused by fatty blockages with the neck artery that supplies blood flow to the brain.

"This new procedure offers a



"The advantage of this procedure is that it is done without any incision in the neck. The patient remains aware during the entire procedure, and typically, the patient is discharged home the following morning. Because there is no neck incision, the recovery time is extremely short," said Dr. Peter Lin, pictured above with the stenting device.

tremendous advantage to those high-risk patients who, otherwise, could not tolerate a carotid endarterectomy operation because of anesthetic risk. Many patients with serious heart or lung illnesses who have carotid artery blockage, can certainly benefit from this new procedure without the fear of undergoing general anesthesia," said Bush.

A randomized clinical study that was recently reported at the American

Heart Association meeting in November 2002 showed that patients with high-risk medical co-morbidities experienced greater benefits and less complications following carotid stenting when compared to carotid endarterectomy.

If you are a veteran and are interested in learning more about this new treatment of the carotid artery blockage, please contact the HVAMC Vascular Surgery Clinic for more information (713) 794-7895. ■

Ask the Expert: Dr. Adriana Foster, Staff Psychiatrist, HVAMC Integrated Mental Health Program

Schizophrenia: "Taking the Shot"

HOUSTON, TX - Schizophrenia is a chronic, severe, and disabling brain disease. Approximately one percent of the population develops schizophrenia during their lifetime. This is a time of hope for people with schizophrenia and their families. Research is gradually leading to new, safer medications and unraveling the complex causes of the disease.

What is the "Shot?"

Slow release injectable form of two frequently used medications for schizophrenia: Haldol (haloperidol) and Prolixin (fluphenazine). Risperdal (risperidone) will

soon be available in slow release injectable form. The injection is given once every two to four weeks. The slow release form ensures that an amount of medication is released from the injection site daily and helps treating the symptoms of schizophrenia consistently, every day.

When is the "Shot" Indicated?

The *shot* is indicated if you are diagnosed with schizophrenia or schizoaffective disorder and your doctor recommends it or if stopping your oral medications has contributed to you being

admitted to the hospital many times for schizophrenia or schizoaffective disorder.

In some cases, your psychiatrist may recommend that you take the *shot* for an illness different from schizophrenia or schizoaffective disorder.

Advantages of Taking the "Shot"

In most cases, you do not have to take Haldol or Prolixin by mouth any longer. You do not have to worry about calling in and picking up prescriptions of Haldol or Prolixin. All you have to do is visit the hospital and get an injection every two to four weeks, as prescribed by your doctor. This may help avoid some hospitalizations. The side effects are no different from the oral form of the same medication.

Common Misperceptions

"My doctor recommended the *shot*, so I must be severely ill." The reality is that the *shot* is recommended for people who have difficulty taking medications by mouth regularly.

"If I get on the *shot*, it will be difficult to come off." In reality, if you have been taking the *shot* for a long time, and you stop on your own (without doctor's supervision), you risk a return of the symptoms of schizophrenia, the same way if you stopped your oral medications.

Talk with Your Health Care Provider

If you have questions or concerns about your medications, contact your health care provider or call the VA Network Telecare Center at 1-800-639-5137.

Women who are pregnant or plan to become pregnant should discuss the *shot* option, as well as any other medications they are taking, with their physician. ■



HVAMC Integrated Mental Health Program staff psychiatrist Dr. Adriana Foster (above) cautions that if you have been diagnosed with tardive dyskinesia or a neurological disorder like Parkinson's disease, or you are sensitive to muscle stiffness and agitation sometimes caused by Haldol and Prolixin, caution needs to be exercised in taking the *shot*. Your psychiatrist will be able to make the best recommendation for your treatment.

Support Group Information . . .

We're Here to Help . . .

Cancer Support Group

The group meets the first Tuesday of every month, 1-2 p.m. in the Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple, LMSW and Chaplain Douglas Ensminger, D.Min., (713) 791-1414, ext. 5273

Pain Support Group

The group meets every Wednesday and Thursday, 2 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Pain Education Group

The group meets every Wednesday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Pain Coping Skills Group

The group meets every Thursday, 1 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Better Breather's Club

The group meets the last Wednesday of every month, 1:30-3:30 p.m. in Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

Stroke Support Group

The group meets second and fourth Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Laura Lawhon and Tommie Espinosa, (713) 791-1414, ext. 4241/5254

Amputee Support Group

The group meets first and third Thursdays of every month, 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 794-7793

Prostate Cancer Support Group

The group meets third Thursdays of every month, 2 p.m. in Room 4C-122. Group facilitator: Lillie Sonnier, (713) 794-7111

Hepatitis C Support Group

The group meets the first Friday of every month, 1:30 p.m. in Primecare Clinic 4 (NASA) Room 1A-442. Group facilitator: Collene Gasca and Alana Howard, (713) 791-1414, ext. 3656

HIV Support/Educational Group

The group meets every Tuesday, 2 p.m. in Clinic 4, Room 1A-442 and every Thursday, 10 a.m. in Clinic 4, Room 1B-318. Group facilitator: Susan Sievers, (713) 791-1414, ext. 6183 or 5292

Lufkin Hypertension Classes

The class meets the first Thursday of every month, 2 p.m. Ask your nurse or your Primecare provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.

Members of the HVAMC nursing staff are tracking patient outcomes and implementing new nursing procedures using top-of-the line equipment to help our veterans have speedy recoveries, easier access to care, and improved quality of life . . .

Your Houston VA Nurses Are Adding to the Science of Nursing

HOUSTON, TX - While visiting the Houston VA Medical Center (HVAMC), you may have been told about or asked to participate in a research study that your physician or researcher was conducting. But did you know that your nursing staff is also conducting research?

Let me give you a few examples. The HVAMC Chief Nurse Executive Deloris Leftridge, MS, RN is conducting research to find out which leadership styles and management techniques assure the best communication among nurse administrators. In another study, she is looking at methods to improve retention of nurses and prevent a nursing shortage at the HVAMC.

Diana Rintala, PhD and Pam Willson, PhD, RN, recently asked Parkinson's patients to test out a questionnaire about their pain symptoms. This tool will be used in their national survey of patients enrolled in Parkinson's Disease Research, Education and Clinical Centers (PADRECCs) at the six VA centers across the United States.

Plans for future nursing studies includes one by Jane Anderson, MS, RN, FNP on predicting rehabilitation services after heart bypass surgery. A team of nurses including Pam Willson, PhD, RN; Veronica Magee, MSN, RN; Linda Fincher, BSN, RN; and Connie Ward, BSN, RN are going to compare veterans' outcomes when staff members use either the telephone or videophone to teach patients about their medications.

VA nurses are actively writing articles and book chapters, and making research presentations. A recent publication by Carla

Click, MS, RN, GNP, an expert in wound care, follows her work on the Consortium for Spinal Cord Medicine, where she contributed to the development of clinical practice guidelines. Her latest publication is for patients. It is called, "Pressure Ulcers: What You Should Know" and is a guide to keeping persons with spinal cord injuries healthy.

Soon to be published is a book chapter for the Dermatology Nurses Associations Core Curriculum textbook on "Benign Neoplasms and Hyperplasia" by Bonita Drones, MSN, RN. This chapter, written in everyday language, will help other dermatology nurses become certified expert dermatology nurses by teaching them about non-cancerous "lumps and bumps" of the skin.

Anesia Okezie, MS, RN and Susan Dierker, MSN, RN are two of the VA nurses who presented posters at the Annual Texas Nurse Practitioner Conference. Okezie's presentation addressed the hydration status of older hospitalized patients who had psychiatric diagnoses. Dierker was part of a team of investigators who reported on veterans' attitudes about care delivered by their nurse practitioners and physician assistants.

Last month, 210 nursing staff completed a "Research Nursing Query" about their research activities during 2002 and the direction they wanted nursing research to go in the future. Overwhelmingly, your VA nursing staff want to know how to best take care of you.

Many nurses have been using the 26 nursing journals in our library to deliver



HVAMC Medical Care Line staff nurse Bonita Drones, MSN, RN answers questions from veteran Bruce O'Boyle about his risks for skin cancer. Ms. Drones recently wrote a book chapter for the Dermatology Nurses Associations Core Curriculum textbook on "Benign Neoplasms and Hyperplasia." This publication will help other dermatology nurses become certified expert dermatology nurses by teaching them about non-cancerous "lumps and bumps" of the skin.

the most up-to-date nursing care possible. Others are reviewing the latest science on the Internet and reading full articles online. Nursing units and clinic staff are forming journal clubs, so that they can join together in reviewing the latest and best methods of providing nursing care.

HVAMC nurses are tracking patient outcomes and implementing new nursing procedures using top-of-the line equipment to help our veterans have speedy recoveries, easier access to care, and improved quality of life.

Nurses are taking an innovative lead in researching how to improve your care—be on the lookout for robots delivering medications to the unit.

Mark your calendar and visit the HVAMC 4th Floor Auditorium on May 7, 2003. In celebration of Nurse's Week, there will be a display of posters about our VA nursing research activities. If you want more information, please call (713) 794-7646. ■ **Pam Willson, PhD, RN, Associate Chief of Nursing Research, Clinical Practice Office**

Due to a recent change in privacy laws, the Veterans Health Administration wants to provide you with an updated VA Notice of Privacy Practices . . .

Protecting Our Patients' Rights to Privacy

WASHINGTON, D.C. - Due to a recent change in privacy laws, the Veterans Health Administration (VHA) wants to provide you with an updated VA Notice of Privacy Practices.

This Summary Notice provides a summary of the VA Notice of Privacy Practices and briefly states 1) How your health information may be used and disclosed; 2) Your rights regarding your health information; and 3) Our legal duty to protect the privacy of your health information.

For a more complete description of our privacy practices, you should carefully review the Detailed Notice of Privacy Practices available at your VA medical facility. This Summary Notice does not modify or limit the VA Detailed Notice of Privacy Practices.

Your Health Information

Health information is any information we create or receive about you and your past, present, or future

physical or mental health or condition, health care, or payment for medical services.

How We May Use And Disclose Your Health Information

In most cases, your written authorization is needed for us to use or disclose your health information.

However, Federal law allows us to use and disclose your health information without your permission for the following purposes: treatment, payment, health care operations, eligibility and enrollment for VA benefits, law enforcement, coroner or funeral activities (with limitation), public health, judicial or administrative proceedings, national security, research (with strict limitations), services, health care oversight, abuse reporting, correctional facilities, military activities, workers' compensation, when required by law, health or safety activities, patient directories, and family members or others involved in your care (with limitations).

All other uses and disclosures of your health information will not be made without your prior written authorization.

Your Privacy Rights

You have the right to review your health information, obtain a copy of your health information, request your health information be amended or corrected, request that we not use or disclose your health information, request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner, an accounting or list of disclosures of your health information, and receive our VA notice of the privacy practices upon request.

Changes

We reserve the right to change the VA Notice of Privacy Practices. The revised privacy practices will be effective for all health information we already have about you, as well as information

we receive in the future. We will send to your last address of record, and otherwise make available to you, a copy of the revised Notice within 60 days of any change.

Complaints

If you are concerned that your privacy rights have been violated, you may file a complaint to VHA or to the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with VHA, you may contact your VA health care facility Privacy Officer, the VHA Privacy Officer, or VHA via Contact the VA at <http://www.va.gov> or dial toll-free 1-877-222-8387.

At the Houston VA Medical Center, the Privacy Officer can be reached by calling (713) 791-1414, extension 5529.

Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint. ■

Women veterans, employees, and volunteers at the Houston VA Medical Center are now better equipped with the knowledge to create a healthier lifestyle after attending . . .

Women's Heart Health Fair Combines Fun, Food, Facts, and Flare

HOUSTON, TX - A great many women are now better equipped with the knowledge to create a healthier lifestyle after attending the Houston Veterans Affairs Medical Center (HVAMC) Women's Heart Health Fair on February 28, 2003.

From the first hour, the HVAMC gymnasium was bustling with a heavy, curious crowd. Over 25 stations and booths were arranged around the gym and manned by HVAMC employees and various other outside agencies such as the Social Security Administration and the American Heart Association, ready to answer questions and raise awareness.

As soon as visitors sauntered through the double doors, it was clear that this event was far from the run of the mill where you walk in and collect a bagful of brochures to throw away later.

The chipper sound of Employee Wellness Program Coordinator Mike Mitchell's voice echoed over the sound system as he periodically announced winners of various door prizes. On one end of the gym, women were trying out various calming yoga moves taught by Maria Teresa and Roberto Mazzarella.

For health fair participants interested in doing further research and keeping up with health topics, personnel from both the HVAMC Patient Education Resource Center and the Houston Academy Medical Library provided details about their services. Sondra Booker at the Smoking Cessation Information Booth kept a growing list of women signing up for the HVAMC's program. The "Ask the Doc" stations gave participants free reign to quiz HVAMC doctors on whatever medical concerns were on their minds.



Gloria Morris (left) and Christina Gill from the Women Veterans of America joined the activities at the fair. "The Women's Heart Health Fair was a real eye opener for me. There was so much information on all kinds of women's issues. The staff was helpful and happy to answer my questions. Now I'll pay closer attention to what's going on with my body. The Health Fair showed me that day-to-day healthy living doesn't have to be difficult," said Morris.

A unique aspect of the Women's Heart Health Fair was the focus on a research project lead by HVAMC cardiac physicians Dr. Biykem Bozkurt and Dr. Anita Deswal. Bozkurt and Deswal used the event to gather information about cardiac disease risk factors in women veterans.

At one station, nurses took weight, height, girth, blood pressure, pulse, and respiration. HVAMC employee Patricia Barnes said, "I suspected that I had high blood pressure, and I'm glad they checked it. Now I can take steps to take care of it."

Nutrition is a topic that most women have concerns about. Smart tips, such as healthy salt alternatives, offered by the HVAMC Nutrition and Food Section impressed fair attendees. HVAMC dietitians computed ideal calorie and protein consumption levels on the spot for participants.

Fair participants were also treated to cooking demonstrations, free samples, and free "Heart Healthy" box lunches.

Many veterans were eager to test the new cooking strategies. One veteran mentioned to the fair organizers, "I'm going to cook for my daughters and help their families to eat healthier meals. I hope next year even more women veterans come out and get this valuable information."

Dr. Alvin Blaustein, chief of cardiology at the HVAMC, was very satisfied with the results of the health fair. "There was a continuous flow of people from the time we opened. The Women's Heart Health Fair has provided a way to approach the community and forge a partnership between it and health care providers to promote community-based research."

Women are undeniably a segment of the community whose medical needs deserve more attention, and the HVAMC is taking steps to provide for them. The HVAMC is now planning a Health Fair in October for all veterans. ■ Sheena T Oommen, HVAMC Public Affairs Intern

Combat Veterans

(continued from page 1)

Active duty, National Guard and Reserve members who were activated to a combat mission and then separated from active duty receive a DD Form 214, which should show an award of the Armed Forces Expeditionary Medal. Individuals seeking services under this authority should bring this form when reporting to a VA health care facility.

What's changed?

Unlike other veterans who do not have VA-adjudicated service-connected conditions, veterans who qualify under this special eligibility authority are not subject to VA means testing or co-payment requirements. There is no burden placed on these veterans to prove that their health problems are related to their military service or prove that they have low income to qualify for cost-free VA health care.

What happens after two years?

The co-payment status will depend on whether the veteran's illness or injury is found to be service-connected or whether the veteran is otherwise qualified for VA health care. Each veteran will be enrolled for VA health care in the appropriate priority group. Some veterans, those in the lowest priority group, whose income is above the means test threshold, must agree to make required co-payments. If the veteran does not agree to make co-payments, the veteran will be ineligible for VA care.

Where can I get more info?

Veterans can call toll-free 1-(800) 827-1000 or 1 (877) 222-8387. ■

Houston VA Medical Center 2002 Holcombe Blvd.

Houston, Texas 77030

(713) 791-1414

www.houston.med.va.gov

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Medical Care Line nurse Aleyamma George, RN draws blood from a Women's Heart Health Fair participant. One unique aspect of the HVAMC Women's Heart Health Fair was the focus on a research project lead by HVAMC cardiac physicians Dr. Biykem Bozkurt and Dr. Anita Deswal. Bozkurt and Deswal used the event to gather information to examine risk factors for cardiac disease in women veterans. This information included blood work and vital signs given by attendees on a voluntary basis.

Recent VA Research Advances

Study Questions Widespread Prescribing of Diabetic Footwear

Medicare pays for therapeutic footwear for thousands of people with diabetes each year. But VA researchers and colleagues reported in the *Journal of the American Medical Association* that for many patients ordinary good-quality shoes may work just as well to prevent foot ulcers.

The study randomized patients with diabetes and a prior foot ulcer into three groups. One group wore extra-depth shoes with customized cork inserts. A second group wore therapeutic shoes with non-custom polyurethane inserts. The third group served as controls and wore their own shoes.

After two years, ulcer rates were about the same in all three groups. The study did not include patients with special problems who may in fact benefit from custom-made footwear. (May 2002)

Quick Blood Test to Diagnose Heart Failure in ER

In a trial of nearly 1,600 patients in the U.S. and Europe, a 15-minute blood test enabled ER doctors to correctly diagnose congestive heart failure in 90 percent of cases without relying on costly, time-consuming tests such as echocardiograms and chest X-rays.

The study, led by a VA cardiologist, appeared in the *New England Journal of Medicine*. The test, approved by the FDA and already in use in some hospitals, detects elevated levels in the blood of a specific hormone. The hormone is released by the heart ventricles when pressure rises, signaling a failing heart. (July 2002)

Changing Bacteria Produce Persistent Lung Infections

Populations of bacteria may be changing constantly in the lungs of patients with chronic obstructive pulmonary disorder (COPD), which affect nearly 15 million people in the U.S.

VA doctors writing in *The New England Journal of Medicine* reported that the bacteria altered repeatedly over time, making it difficult for the body's immune system to respond effectively. The findings may explain why patients develop recurring infections and may allow researchers to develop vaccines that can keep pace with the changing strains of bacteria. COPD is the fourth leading cause of death in the United States. (August 2002)

It is believed the most effective treatment for Lou Gehrig's will involve a combination of therapies due to the complex nature of motor neurons and supporting cells . . .

Houston VA Researcher Explores Mechanisms of Lou Gehrig's Disease to Develop Future Treatments

HOUSTON, TX

- Understanding what makes certain motor neurons vulnerable to degeneration while others are resistant, may provide critical information for the development of future Amyotrophic Lateral Sclerosis (ALS) treatments.

ALS, or Lou Gehrig's disease, involves the progressive breakdown of motor neurons, the nerve cells that control muscular activity. It results in severe muscle weakness and difficulty in speaking, swallowing, and breathing. Average survival after diagnosis is two to three years.

In most ALS patients, the predominant damage occurs to the lower motor neurons.

"Any time you want to make a motion, twitch a muscle, do any kind of action, you have to activate the lower motor neurons," said Dr. Dennis Mosier, a staff neurologist at the Houston VA Medical Center (HVAMC). Mosier is

Mosier's laboratory at the Houston VA Medical Center is examining the role of immune-inflammatory mechanisms in the development of ALS.

focusing on understanding what kills these neurons.

"The neurons controlling the face, tongue, and limb muscles are quite sensitive to degeneration, yet the eye motor neurons are extremely resistant," said Mosier, also an assistant professor of neurology at Baylor College of Medicine. "The disparity is so dramatic. If we could give all motor neurons that kind of resistance, we could probably extend life in patients with the disease by years."

One obvious difference is that the resistant, or surviving, motor neurons produce higher levels of calcium-binding proteins. These proteins control calcium levels within the cell.

"Studies of motor neurons of ALS



Dr. Dennis Mosier, a staff neurologist at the Houston VA Medical Center, is exploring the mechanisms of Lou Gehrig's disease. Above, Dr. Mosier talks with veteran Frank A. French during a recent appointment. "Any time you want to make a motion, twitch a muscle, do any kind of action, you have to activate the lower motor neurons," said Mosier, whose research is focusing on understanding what kills these neurons.

patients reveal an overloading of calcium, which could cause motor neuron injury," Mosier said.

Using mice known to develop an ALS-like syndrome, he is evaluating whether increased production of calcium-binding proteins slows down disease progression. When ALS mice were bred with mice that overproduce the calcium-binding protein parvalbumin, Mosier found that the offspring appeared to develop the ALS-like disease at a slower rate.

To maximize the benefit, Mosier is examining how different levels of calcium-binding protein impact the disease and whether calcium-binding proteins in combination with other treatments provide an even greater effect.

"While calcium overload in the motor neurons is a possible trigger for degeneration, these levels cannot be impacted by changes in calcium intake," Mosier said. "So, people currently taking calcium supplements have no need to worry or alter their intake."

Mosier's laboratory at the HVAMC is also examining the role of immune-inflammatory mechanisms in the development of ALS. In additional mouse studies, the researchers are stimulating immune cells to see if they alter motor neuron function and calcium handling.

"If the data gained in our laboratory studies is strong, we would next approach pharmaceutical companies who have drugs that can alter calcium handling. If a drug appears to be effective, it could ultimately advance to clinical trials," Mosier said.

Mosier is already engaged in clinical trials looking at ways to inhibit the

function of various immune cells that may play a role in ALS.

Ultimately, Mosier hopes the work will lead to additional methods of treating ALS. Only one medication, riluzole, has FDA approval for treatment of ALS. It extends survival by an average of two to three months.

"Different parts of the motor neuron appear to respond differently to interventions and may have to be treated in different ways," Mosier said.

The neuron's cell body resides in the central nervous system, but the

axon, which transmits the impulses to muscle, extends to the far reaches of the body, where it resides in a different environment and is exposed to different stresses.

"Cells residing near motor neurons may also play protective or injurious roles. To successfully treat motor neuron disease, we will have to find ways to target the various components of the

Houston VA Medical Center researcher, Dr. Dennis Mosier, is also stimulating immune cells to see if he can alter motor neuron function and calcium handling.

system," he said.

Mosier believes effective treatment will involve a combination of therapies due to this complex nature of motor neurons and their supporting cells.

Supported with more than \$18 million annually, research conducted by HVAMC staff ensures veterans access to cutting-edge medical and health care technology. The HVAMC Research & Development (R&D) Program is an integral part of the medical center's mission. The production of new knowledge, techniques, and products has led to improved prevention, diagnosis, treatment, and control of disease, as well as correction of or compensation for, defects. ■ Katherine Hoffman, HVAMC Research and Development

Who's on My VA Rehab Treatment Team?

HOUSTON, TX - The first member of your team is you. You are the most important member of your rehabilitation team at the Houston VA Medical Center. Staff members of the Rehabilitation Care Line work with you and your family to provide the best possible medical care and treatment. Together, we develop individualized treatment plans to help you reach your maximum level of independence. Each member of the rehabilitation team reinforces the therapy and training you receive. Family training plays a key role in this education process and in the success of your rehabilitation. Your treatment team includes the following specialists:

Attending Physician

Your attending physician is a board-certified specialist in Physical Medicine and Rehabilitation who assesses your medical and rehabilitation needs. This physician works with you, your family, and other members of the team to help you reach your rehabilitation goals.

Resident Physician

Your resident physician acts as your primary care provider while you are on the rehabilitation unit. This physician helps coordinate your care and address your daily medical needs.

Rehabilitation Case Manager

The rehabilitation case manager provides assistance to you and your family from initial assessment through discharge. The case manager follows your progress and ensures that appropriate treatment is provided and staff are consulted as needed. The case manager will coordinate your discharge.

Kinesiotherapy (KT)

KT treats the effects of disease and injury through therapeutic exercise and education. Therapists evaluate and modify therapeutic exercise programs and fitness activities to increase strength and endurance. KT provides mobility aids and equipment training for you and your family.

Occupational Therapy (OT)

OT increases your independence and safety during daily activities, such as bathing, dressing and household tasks after injury or illness. Therapists evaluate upper body function and your ability to re-learn self-care skills. OT provides adaptive equipment and training to allow you to fully participate in self-care and daily household activities.

Physical Therapy (PT)

PT improves your mobility by focusing on areas such as your balance, coordination, pain control, strength and endurance after injury or illness. Therapists work on your ability to get around your environment. PT teaches you exercises and trains you and your family to use adaptive equipment to increase your independence in these areas.

Rehabilitation Nursing

Based on your daily needs, the nurses will help you learn how to use equipment, teach you about positioning, about your medicines, and pain control. They will teach you and your family how to promote a speedy recovery and how to prevent further health problems.

Rehabilitation Social Worker

Our social worker's role is to ease the period of adjustment for you and your family. The social worker assesses your need for additional services at discharge, and can assist you and your family in coping with your recovery, your return to the community, and identifying resources to meet your particular needs.

Therapeutic Recreation (TR)

TR evaluates your leisure interests prior to admission, your ability to continue those activities with or without adapting them, and helps you explore new areas of interest. This often includes activities to increase your interaction with others and help with community re-entry. ■ *Helene K. Henson, M.D., Rehabilitation Care Line Medical Director and Trilok N. Monga, M.D., Rehabilitation Care Line Executive*

How Can I Make the Most of My VA Health Care Appointments?

1. Arrive on time.
2. Keep an on-going list of questions or problems to ask your Primary care provider. Bring the list with you to your appointment.
3. Be prepared to talk about any changes in your health. Keep a diary of things that are not normal such as pain, loss of appetite, frequent urination, lightheadedness, etc. Tell your provider about any unusual symptoms or lifestyle changes.
4. Ask about recent test results and your treatment options.
5. If you monitor your blood pressure, pulse, weight, or blood sugars at home, bring this record with you.
6. Bring your medications with you. Include non-prescription (over the counter) and herbal preparations. These "medications" can interact with your other medications and also can have other effects on your health.
7. Tell your provider if you have had any recent medical care elsewhere.
8. Tell your provider if you think you need help from other members of the Primary Care Team (nurse, social worker, dietitian, pharmacist).
9. Bring something to take notes on. If you are unable to or if you have trouble remembering things or trouble making sense of your provider's plan, bring someone with you to your appointment. If this is not possible, ask your provider or nurse to write out the plan for you to take home.

Documents Required by VA to Process Claims for Emergency Care in Non-VA Facilities (Mill Bill)

(Emergency Room Visit and/or Hospitalization)

- ✓ HCFA Form UB-92 (pink and white Medicare Billing Form) from the Hospital Business Finance Office
- ✓ Itemized Billing Statement from the Hospital Business Office
- ✓ A complete copy of all Medical Records pertaining to the admission through the date of discharge for this ER Visit/Hospitalization
- ✓ Provider Insurance Certification Statement from the Hospital Business Office
- ✓ Ambulance Provider HCFA Form 1500 (pink and white Medicare billing form)
- ✓ Ambulance Provider Insurance Certification Statement
- ✓ Ambulance Trip Ticket/Run Report
- ✓ All Other Provider/Physician HCFA Form 1500s
- ✓ All Other Provider/Physician Insurance Certification Statements

Remember, there is a 90 day deadline to file a Mill Bill Claim once you have been discharged from the Emergency Room/Hospital.

Please submit **ALL OF THE ABOVE ITEMS** as a packet to the HVAMC Fee Basis Mill Bill Office, Room 4C-385. Missing documents will result in your claim being delayed.

For more information about emergency care in non-VA facilities, please call the HVAMC Fee Basis Office at (713) 791-1414, ext. 3883/3893.



Physical Therapy (PT) improves your mobility by focusing on areas such as your balance, coordination, pain control, strength, and endurance after injury or illness. Therapists work on your ability to get around your environment. PT teaches you exercises and trains you and your family to use adaptive equipment to increase your independence in these areas. Above, Physical Therapy Assistant Adell E. Tardy works with veteran Anne M. Dawson-Bookman.

om our Veterans

Provided by the Consumer Affairs Staff
HVAMC Room 1B-370, (713) 794-7883

Question: How can I order the 2003 Federal Benefits for Veterans and Dependents handbook?

Answer: Contact the Government Printing Office at 1-866-512-1800 or (202)512-1800 for mail-order information. The cost is \$5 to U.S. addresses. The handbook can be downloaded for free from the VA Web site at <http://www.va.gov/pubaff/fedben/Fedben.pdf>

Question: What is VA Health Care Enrollment?

Answer: In 1998, VA established an enrollment system to assist in managing the delivery of health care to veterans. At that time, VA also created a Medical Benefits Package, a health benefits plan available to all enrolled veterans. To receive health care coverage under the Medical Benefits Package, most veterans must be enrolled. VA encourages all veterans to enroll, even if they are not required to. This helps VA keep better records and better plan its delivery of care.

The Medical Benefits Package includes preventive care, primary care,

inpatient, and outpatient services, provided at VA health care facilities throughout the country. Veterans may use these services even if they have Medicare, Medicaid, TRICARE, or private health insurance coverage.

Question: Am I required to be enrolled?

Answer: You are required to be enrolled unless you are in one of the following categories: 1) VA rates you as having a service-connected disability of 50% or more; 2) it has been less than one year since you were discharged from military service for a disability that the military determined was incurred or aggravated in the line of duty, and have not yet been rated by VA; or 3) you are seeking care from VA for a service-connected disability only.

Question: What are the Priority Groups?

Answer: Once you apply for enrollment, your eligibility will be verified. Based on your specific eligibility status, you will be

assigned a priority group.

The priority groups ranges from 1-8 with 1 being the highest priority for enrollment. Under the Medical Benefits Package, the same services are generally available to all enrolled veterans.

Question: Is it true that VA is no longer accepting new higher income veterans for enrollment?

Answer: Yes, a veteran who applies for enrollment on or after January 17, 2003, and is assigned to Priority Group 8, will not be accepted for enrollment. Under the decision, Priority Group 8 veterans already enrolled in VA's health care system can continue to receive care. **No veteran already enrolled will be affected.**

Question: Which veterans make up the Priority Group 8?

Answer: Veterans in Priority Group 8 have no compensable service-connected disability or other status making them eligible for a higher priority group assignment. They also have incomes that exceed \$24,644 in 2003 for a single veteran and \$29,576 for a veteran with one dependent and that also exceed the geographically based low-income threshold set by the U.S. Department of Housing and Urban Development (HUD) for public housing benefits. Information about the HUD threshold is available at <http://www.hud.gov/renting/plbprog.cfm>.

Question: If I am enrolled, what cost will there be for me?

Answer: It depends. Nonservice-connected veterans and noncompensable 0% service-connected veterans may have to agree to pay medical care copayments for treatment of their nonservice-connected conditions. If you have insurance, it may cover the copayment costs. The maximum copayment for the first 90-day

period of hospital care in 2003 is \$840 and \$10 for each day of care. For outpatient care, the copayment is \$15 for a primary care visit and \$50 for specialty care visit. A medication copayment of \$7 for each 30 day supply of medication may also apply.

Question: How long will I remain enrolled?

Answer: Once enrolled, most veterans will remain enrolled from year to year without further action on their part. You may choose not to be re-enrolled, or changes in VA available resources may reduce the number of priority groups VA can enroll in a given fiscal year. VA will announce any enrollment changes and then assure that they are widely publicized.

Question: If I move, how do I change my enrollment information?

Answer: You simply report any changes in enrollment information to your local VA health care facility, or call VA's Health Benefits Service Center toll-free at 1-877-222-8387.

Question: How/where do I apply for health care?

Answer: To apply for enrollment in VA's health care system, complete VA Form 10-10EZ, "Application for Health Benefits" and submit it via the Internet, mail, or take it to your local VA health care facility. You will be notified in writing of your enrollment status after the completed application for benefits has been received and processed. The 10-10EZ may be obtained by visiting, calling, or writing any VA health care facility or veterans' benefits office. You can also call VA's Health Benefits Service Center toll-free at 1-877-222-8387. To access the form on the Internet or apply online, please go to <http://www.va.gov/1010ez.htm>

Important VA Telephone Numbers

Houston VA Medical Center Main Line	(713) 791-1414
	or toll-free 1-800-553-2278
VA Network Telecare Center.....	(713) 794-8985
	or toll-free 1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550
	or toll-free 1-800-833-7734
Lufkin VA Outpatient Clinic	(936) 637-1342
	or toll-free 1-800-209-3120
Pharmacy Refills	(713) 794-7648
	or toll-free 1-800-454-1062
Pharmacy Helpline	(713) 794-7653
Appointment Information	(713) 794-7648
	or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Patient Education Resource Center (PERC)	(713) 794-7856
VA Police	(713) 794-7106
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston	(713)794-7884
Beaumont.....	1-800-833-7734
	extension 113
Lufkin	(936) 633-2753
Houston National Cemetery	(281) 447-8686
VA Regional Office	
Main Number	1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education.....	1-888-442-4551
Insurance	1-800-669-8477
Headstones and Markers	1-800-697-6947

Flag Day Program

Tuesday
June 10, 2003
10 a.m.

4th Floor
Auditorium

Houston VA
Medical Center

2002 Holcombe
Boulevard

Contact Public Affairs
at (713) 794-7349
for more information.